

|                                 |  |                               |                             |
|---------------------------------|--|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i>   | <i>META-127192210</i>  | <i>State:</i>                 | <i>Arkansas</i>             |
| <i>Filing Company:</i>          | <i>Metropolitan Life Insurance Company</i>   | <i>State Tracking Number:</i> | <i>48951</i>                |
| <i>Company Tracking Number:</i> | <i>B11-46 CW (LW)</i>  |                               |                             |
| <i>TOI:</i>                     | <i>L08 Life - Other</i>  | <i>Sub-TOI:</i>               | <i>L08.000 Life - Other</i> |
| <i>Product Name:</i>            | <i>Group Life, Accident &amp; Health and Blanket Accident and Health Insurance</i> |                               |                             |
| <i>Project Name/Number:</i>     | <i>GCR11-13 gp/B11-46 CW</i>   |                               |                             |

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Life, Accident & Health and Blanket Accident and Health Insurance

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed

State Tr Num: 48951

Sub-TOI: L08.000 Life - Other

Co Tr Num: B11-46 CW (LW)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Sandra Bennett, Ruth Rivera, Linda Williams

Disposition Date: 06/09/2011

Date Submitted: 06/01/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: GCR11-13 gp

Project Number: B11-46 CW

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Blanket, Other

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type: Labor Union

Overall Rate Impact:

Filing Status Changed: 06/09/2011

State Status Changed: 06/09/2011

Deemer Date:

Created By: Linda Williams

Submitted By: Linda Williams

Corresponding Filing Tracking Number:

Filing Description:

Metropolitan Life Insurance Company

501 Route 22, Bridgewater Township, NJ 08807

Tel 908 253-1239 Fax 908 253-2528

bhilden@metlife.com

Re: Metropolitan Life Insurance Company

SERFF Tracking Number: META-127192210 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 48951  
Company Tracking Number: B11-46 CW (LW)  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Group Life, Accident & Health and Blanket Accident and Health Insurance  
Project Name/Number: GCR11-13 gp/B11-46 CW

Group Life Insurance  
Group Accident and Health Insurance  
Blanket Accident and Health Insurance  
Our NAIC Company No. is 65978  
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing final printed copies of the insurance forms described below. These forms will be used for:

- group life insurance,
- group accident and health insurance, and
- blanket accident and health insurance.

These forms are new and do not replace any forms previously filed with your Department.

#### Form Number Description

GCR11-13 Certificate Rider. This form is intended to provide a description of how lump gp sum payments are made when a retained asset account is available under the Policyholder's plan.

GCR11-14 Certificate Rider. This form is intended to provide a description of how lump gp sum payments are made when a retained asset account is not available under the Policyholder's plan.

These Certificate Riders are intended to allow us to have a uniform description for each situation for all applicable products and all eligible groups. These Certificate Riders may be used in conjunction with any group life insurance, group accident and health insurance as well as blanket accident and health insurance certificate forms approved by your Department. Further, they will apply to all eligible groups for which these forms have been approved.

Text which is subject to variation has been indicated by brackets. Variable material will be modified in accordance with the enclosed Explanation of Variable Material.

We request the right to have the option to incorporate the contents of the attached certificate rider into the certificate form pursuant to the customer's request. When we do this, we will add the rider's form number to the bottom of the applicable certificate page to reflect that changes were made to that page.

For example if the GCR11-13 gp is used, the certificate form will then have the original form number of the certificate

SERFF Tracking Number: META-127192210 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 48951  
Company Tracking Number: B11-46 CW (LW)  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Group Life, Accident & Health and Blanket Accident and Health Insurance  
Project Name/Number: GCR11-13 gp/B11-46 CW

and on a line underneath will state the group certificate rider form number as follows:

GCERT2000

gp

as amended by

GCR11-13

gp

The enclosed certificate rider may be translated into a language other than English. Any such translation will be performed by a professional translation service, and we will obtain certification from such service that the form, as translated, is an accurate representation of the English language version. The non-English version of the certificate rider form will include a disclosure in the foreign language indicating that the non-English version is a translation of an English language form, and that in any conflict that may arise between the English and translated versions, the English language version of the form will control.

We enclose the required filing fee.

The enclosed form does not impact rates.

The enclosed form will not be marketed with an illustration.

The officer signing below certifies that the enclosed form achieves a Flesch Reading Ease Score of:

| Forms | Score |
|-------|-------|
|-------|-------|

|          |      |
|----------|------|
| GCR11-13 | 55.3 |
|----------|------|

gp

|          |      |
|----------|------|
| GCR11-14 | 63.6 |
|----------|------|

gp

Please direct any questions, comments or correspondence regarding this filing to me. My telephone and fax numbers and e-mail address appear in the letterhead above. I look forward to hearing from you.

Very truly yours,

Beatriz C. Hilden

SERFF Tracking Number: META-127192210 State: Arkansas  
 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 48951  
 Company Tracking Number: B11-46 CW (LW)  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Group Life, Accident & Health and Blanket Accident and Health Insurance  
 Project Name/Number: GCR11-13 gp/B11-46 CW  
 Senior Contract Analyst

Michael F. Tietz  
 Vice President

## Company and Contact

### Filing Contact Information

Beatriz Hilden, Senior Contract Analyst bhilden@metlife.com  
 501 Route 22, 908-253-1239 [Phone] 1239 [Ext]  
 Bridgewater Township, NJ 08807 908-253-2126 [FAX]

### Filing Company Information

|                                     |                         |                             |
|-------------------------------------|-------------------------|-----------------------------|
| Metropolitan Life Insurance Company | CoCode: 65978           | State of Domicile: New York |
| MetLife                             | Group Code: -99         | Company Type: Life          |
| 1095 Avenue of the Americas         | Group Name:             | State ID Number:            |
| New York, NY 10036-6796             | FEIN Number: 13-5581829 |                             |
| (212) 578-2211 ext. [Phone]         |                         |                             |

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## Filing Fees

|                  |   |
|------------------|---|
| Fee Required?    | Yes                                       |
| Fee Amount:      | \$100.00                                  |
| Retaliatory?     | No  |
| Fee Explanation: | \$50.00 Per Rider submitted for Approval. |
| Per Company:     | No  |

| COMPANY                             | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|----------|----------------|---------------|
| Metropolitan Life Insurance Company | \$100.00 | 06/01/2011     | 48219506      |

|                          |   |                        |                      |
|--------------------------|---|------------------------|----------------------|
| SERFF Tracking Number:   | META-127192210  | State:                 | Arkansas             |
| Filing Company:          | Metropolitan Life Insurance Company                                     | State Tracking Number: | 48951                |
| Company Tracking Number: | B11-46 CW (LW)  |                        |                      |
| TOI:                     | L08 Life - Other  | Sub-TOI:               | L08.000 Life - Other |
| Product Name:            | Group Life, Accident & Health and Blanket Accident and Health Insurance |                        |                      |
| Project Name/Number:     | GCR11-13 gp/B11-46 CW   |                        |                      |

## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 06/09/2011 | 06/09/2011     |

|                                 |  |                               |                             |
|---------------------------------|--|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i>   | <i>META-127192210</i>  | <i>State:</i>                 | <i>Arkansas</i>             |
| <i>Filing Company:</i>          | <i>Metropolitan Life Insurance Company</i>   | <i>State Tracking Number:</i> | <i>48951</i>                |
| <i>Company Tracking Number:</i> | <i>B11-46 CW (LW)</i>  |                               |                             |
| <i>TOI:</i>                     | <i>L08 Life - Other</i>  | <i>Sub-TOI:</i>               | <i>L08.000 Life - Other</i> |
| <i>Product Name:</i>            | <i>Group Life, Accident &amp; Health and Blanket Accident and Health Insurance</i> |                               |                             |
| <i>Project Name/Number:</i>     | <i>GCR11-13 gp/B11-46 CW</i>   |                               |                             |

## Disposition

Disposition Date: 06/09/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

|                                 |  |                               |                             |
|---------------------------------|--|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i>   | <i>META-127192210</i>  | <i>State:</i>                 | <i>Arkansas</i>             |
| <i>Filing Company:</i>          | <i>Metropolitan Life Insurance Company</i>   | <i>State Tracking Number:</i> | <i>48951</i>                |
| <i>Company Tracking Number:</i> | <i>B11-46 CW (LW)</i>  |                               |                             |
| <i>TOI:</i>                     | <i>L08 Life - Other</i>  | <i>Sub-TOI:</i>               | <i>L08.000 Life - Other</i> |
| <i>Product Name:</i>            | <i>Group Life, Accident &amp; Health and Blanket Accident and Health Insurance</i> |                               |                             |
| <i>Project Name/Number:</i>     | <i>GCR11-13 gp/B11-46 CW</i>   |                               |                             |

| <b>Schedule</b>            | <b>Schedule Item</b>              | <b>Schedule Item Status</b> | <b>Public Access</b> |
|----------------------------|-----------------------------------|-----------------------------|----------------------|
| <b>Supporting Document</b> | Flesch Certification              |                             | Yes                  |
| <b>Supporting Document</b> | Application                       |                             | No                   |
| <b>Supporting Document</b> | Explanation of Variable Materials |                             | Yes                  |
| <b>Form</b>                | Certificate Rider                 |                             | Yes                  |
| <b>Form</b>                | Certificate Rider                 |                             | Yes                  |

SERFF Tracking Number: META-127192210 State: Arkansas

Filing Company: Metropolitan Life Insurance Company State Tracking Number: 48951

Company Tracking Number: B11-46 CW (LW)

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Group Life, Accident & Health and Blanket Accident and Health Insurance

Project Name/Number: GCR11-13 gp/B11-46 CW

## Form Schedule

### Lead Form Number: GCR11-13 gp

| Schedule Item Status | Form Number | Form Type  | Form Name         | Action  | Action Specific Data | Readability | Attachment                                |
|----------------------|-------------|--|-------------------|---------|----------------------|-------------|---|
|                      | GCR11-13 gp | Certificate Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Certificate Rider | Initial |                      | 55.300      | GCR11-13 gp<br>- final 2011-<br>05-06.pdf |
|                      | GCR11-14 gp | Certificate Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Certificate Rider | Initial |                      | 63.600      | GCR11-14 gp<br>- final 2011-<br>05-06.pdf |





Metropolitan Life Insurance Company  
[New York, New York ]

**CERTIFICATE RIDER**

**Group [Policy] No.:** [XXXXXX]

**[Policyholder]:** [ABC Company]

**Effective Date:** [12/01/2011]

The [Certificate] is changed as shown below:

[The GENERAL PROVISIONS section of the Certificate is revised to add the following]:

**“How [We] Will Pay Benefits**

Unless the [Beneficiary] requests payment by check, when the [Certificate] states that [We] will pay benefits [in “one sum” or a “single sum,”] [We] may pay the full benefit amount:

1. by check;
2. by establishing an account that earns interest and provides the [Beneficiary] with immediate access to the full benefit amount; or
3. by any other method that provides the [Beneficiary] with immediate access to the full benefit amount.

[Other modes of payment may be available upon request.] [For details, call Our toll free number shown on the Certificate Face Page.]”

**This rider is to be attached to and made a part of the [Certificate].**



Metropolitan Life Insurance Company  
[New York, New York]

**CERTIFICATE RIDER**

**Group [Policy] No.:** [XXXXXX]

**[Policyholder]:** [ABC Company]

**Effective Date:** [12/01/2011]

The [Certificate] is changed as shown below:

[The GENERAL PROVISIONS section of the Certificate is revised to add the following]:

**“How [We] Will Pay Benefits**

When the [Certificate] states that [We] will pay benefits [in “one sum” or a “single sum,”] [We] will pay the full benefit amount by check.

[Other modes of payment may be available upon request.] [For details, call Our toll free number shown on the Certificate Face Page.”]

**This rider is to be attached to and made a part of the [Certificate].**

SERFF Tracking Number: META-127192210 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 48951  
Company Tracking Number: B11-46 CW (LW)  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Group Life, Accident & Health and Blanket Accident and Health Insurance  
Project Name/Number: GCR11-13 gp/B11-46 CW

## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

Attached are the required Certifications.

**Attachments:**

ARCERTREAD.pdf  
ARCERTREG19.pdf

**Item Status:** **Status**  
**Date:**

**Bypassed - Item:** Application

**Bypass Reason:** Not Applicable to this filing.

**Comments:**

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Explanation of Variable Materials

**Comments:**

Attached is the Explanation of Variable Materials.

**Attachments:**

GCR11-13 gp EOV final 2011-05-06.pdf  
GCR11-14 gp EOV final 2011-05-06.pdf



Metropolitan Life Insurance Company  
NAIC Company Number: 65978  
NAIC Group Number: 241

### ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

| Form No.       | Form Description  | Flesch Score |
|----------------|-------------------|--------------|
| GCR11-13<br>gp | Certificate Rider | 55.3         |
| GCR11-14<br>gp | Certificate Rider | 63.6         |

A handwritten signature in black ink, appearing to read "Michael F. Tietz".

Michael F. Tietz  
Vice President



Metropolitan Life Insurance Company  
NAIC Company Number: 65978  
NAIC Group Number: 241

**ARKANSAS CERTIFICATION**  
**Rule and Regulation 19**  
**Unfair Sex Discrimination in the Sale of Insurance**

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.

A handwritten signature in black ink, appearing to read "Michael F. Tietz".

Michael F. Tietz  
Vice President



Metropolitan Life Insurance Company

**EXPLANATION OF VARIABLE MATERIAL**

**CERTIFICATE RIDER FORM GCR11-13 gp**

The Language that appears in brackets may vary as described in this Explanation of Variable Material.

The terms "Policy" and "Policyholder" may be replaced with "Contract" and "Contractholder".

The words "Certificate", "We", "Beneficiary", and "Our" may have the initial capitalization removed.

The phrase "The GENERAL PROVISIONS section of the Certificate is revised to add the following" will vary to match the section titles and structure of the underlying certificate to which this rider is attached. In addition the phrase "revised to add" may be changed to say "revised to replace" or include other appropriate terminology needed to effect the change.

The bracketed reference to "one sum" or a "single sum," may vary to include or substitute a reference to "lump sum" or the term(s) used in the underlying certificate to which this rider is attached. The words "in 'one sum' or a 'single sum'," may be replaced by ", unless the Certificate specifies otherwise,".

The bracketed text "Other modes of payment may be available upon request." may be omitted.

The last sentence of the "How We Will Pay Benefits" section may be omitted or vary to match the contact information needed to administer the policyholder's plan.

All other bracketed portions of this certificate rider other than those specifically described in this Explanation of Variable Material are illustrative.



Metropolitan Life Insurance Company

**EXPLANATION OF VARIABLE MATERIAL**

**CERTIFICATE RIDER FORM GCR11-14 gp**

The Language that appears in brackets may vary as described in this Explanation of Variable Material.

The terms "Policy", and "Policyholder" may be replaced with "Contract" and "Contractholder".

The words "Certificate", "We" and "Our" may have the initial capitalization removed.

The phrase "The GENERAL PROVISIONS section of the Certificate is revised to add the following" will vary to match the section titles and structure of the underlying certificate to which this rider is attached. In addition the phrase "revised to add" may be changed to say "revised to replace" or include other appropriate terminology needed to effect the change.

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All other bracketed portions of this certificate rider other than those specifically described in this Explanation of Variable Material are illustrative.